



OFFICE OF THE PUBLIC ADVOCATE

2016-2017

IN REVIEW

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THE ROLE OF THE OFFICE OF THE PUBLIC ADVOCATE

The Office of the Public Advocate (OPA) promotes and protects the rights of people with mental incapacity in South Australia. The OPA works with and on behalf of vulnerable adults and has three main client groups:

- people with mental incapacity / impaired decision-making capacity;
- family, carers and friends of people with mental incapacity / impaired decision-making capacity; and
- people and organisations with an interest in issues arising from mental incapacity.

Key services provided by OPA are described below.

Decision Making

When a guardian is needed to make lifestyle, accommodation and/or medical decisions for a person with mental incapacity, and there is no other appropriate person to be appointed, the South Australian Civil and Administrative Tribunal (SACAT) may appoint the Public Advocate as *Guardian of Last Resort*.

Investigating

The Tribunal can direct the Public Advocate to investigate the circumstances of a person about whom it has received an application - a person who is believed to have a mental incapacity and to be at risk of some form of harm (physical, psychological or financial). The Office of the Public Advocate provides a report on the investigation to assist the Tribunal to make a decision.

Resolving and Mediating

The *Advance Care Directives Act 2013* and the *Consent to Medical Treatment and Palliative Care Act 1993* authorise the Public Advocate to provide information, preliminary assistance, and mediation to assist in the resolution of disputes about Advance Care Directives (i.e. health, accommodation or personal decisions) and medical treatment decisions. The OPA's Dispute Resolution Service works with vulnerable people and other parties to resolve issues.

Informing and Educating

The Office provides information and education about issues that are, or could be, affecting a person with a mental incapacity or impaired decision-making capacity. The Office provides information about the operation of four pieces of legislation– the *Guardianship and Administration Act 1993*, the *Mental Health Act 2009*, the *Advance Care Directives Act 2013* and the *Consent to Medical Treatment and Palliative Care Act 1995*.

Advocating and promoting rights

The Office of the Public Advocate undertakes individual advocacy for its clients and some other individuals but is concerned mainly with systems level advocacy. The Public Advocate can make recommendations to the Minister for Health, the Minister for Disability and the Attorney-General for legislative and/or operational change, and can request the Attorney-General to submit a report on any matter to both Houses of State Parliament.



HIGHLIGHTS FROM THE YEAR

This has been a productive and challenging year, with the Office of the Public Advocate (OPA) pursuing its core responsibilities while also innovating in a number of areas.



Anne Gale, Public Advocate

A key theme for the Office has been addressing the impact of reforms – in disability, mental health and aged care in particular – on individuals. These reforms are designed to provide greater choice and control for people assessed as eligible for services, and include funding following the person rather than the service provider.

These reforms hold great promise but to be effective they require informed choice and a degree of ability to engage in decision-making and negotiation for how services will be provided. People will vary in this ability and the Public Advocate has an important role to play in assisting those who are least capable of engaging with these service systems.

SNAPSHOT OF OUR WORK

Our work in direct service provision to the South Australian community has increased this year. Across 2016/17, OPA has:

- ✓ assisted **1,219** guardianship clients
- ✓ worked with **304** new guardianship clients
- ✓ closed **278** guardianship files
- ✓ received **98** dispute resolution applications
- ✓ responded to **3,088** enquiries to our information service.

These figures reflect increased activity with individuals, family members, community members and organisations in the past year. More information on each area of our work can be seen throughout the report.

REFORM IN DISABILITY

The National Disability Insurance Scheme (NDIS) continues to be implemented in a phased approach. The Public Advocate has worked constructively with the Department of Communities and Social Inclusion (DCSI) to undertake detailed NDIS participant planning to ensure clients, as participants, are able to access the Scheme and get the best plan possible for their future.

REFORM IN AGED CARE

The point of entry to a reformed aged care system - My Aged Care (MAC) – takes the form of a website and a Contact Centre. MAC provides information to consumers and their supporters as well as service providers. It includes an online service finder that link consumers to service providers, assessors and online fee estimators for different aged care services. Consumers vary significantly in their ability to access MAC and this is particularly so for people with impaired decision-making, including those under a Guardianship Order. It is often difficult for them to operate online computer systems. The Public Advocate has been working with other members of the Australian Guardianship and Administration Council (AGAC) and the Commonwealth Department of Health to identify ways to access MAC and aged care services on behalf of people with impaired decision-making.

ELDER ABUSE

Elder Abuse continues to be a high priority for the Public Advocate and the Office has made submissions to the *Australian Law Reform Commission (ALRC) Inquiry into Elder Abuse*, and to the South Australian *Joint Committee on Matters Relating to Elder Abuse*. The Public Advocate appeared before the Committee in May 2017. World Elder Abuse Day, 15 June 2017, saw the launch of the ALRC's report from the *Inquiry into Elder Abuse*. In June 2017, The Public Advocate attended the South Australian Conference on Elder Abuse, where a video on where to seek help in South Australia was launched by the Legal Services Commission. The video includes information about the role of OPA. Go to <https://www.youtube.com/watch?v=gsGtMrujNWM>.

MENTAL HEALTH

The Public Advocate is a Member of the Mental Health Commission Steering Group for the development of the new State Plan for Mental Health. The OPA made a submission to this Group. We also contributed to the Oakden Review that informed the Chief Psychiatrist's report on the Oakden Older Persons' Mental Health Service (released April 2017) highlighting the importance of preventative and responsive services to address the abuse of adults, especially older people.

SUPPORTED DECISION-MAKING

During the year, the Office of the Public Advocate continued its project on Supported Decision-Making. This was funded by the South Australian Law Foundation, and involved identifying the extent to which supported decision-making has been evident in OPA guardianship decision-making. In the process, The Office learned a great deal about our own decision-making practices and identified improvements.

AUSTRALIAN GUARDIANSHIP AND ADMINISTRATION COUNCIL (AGAC)

The Public Advocate has attended AGAC inter-jurisdictional meetings twice during the year, and OPA staff attended and presented at the AGAC National Conference on our Law Foundation of South Australia funded project '*Implementing Supported Decision-Making for Adults Under Guardianship in South Australia*'. Further details are provided later in this Annual Report.



DECISION MAKING

The role of the Public Advocate in Guardianship

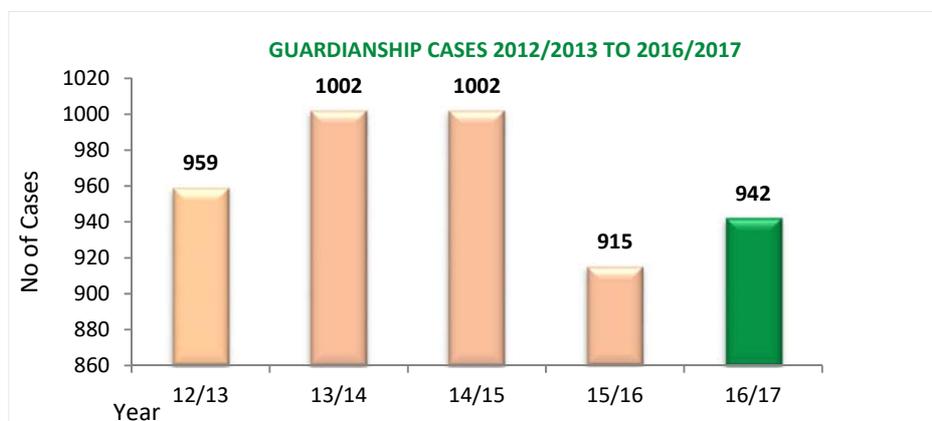
A Guardianship Order is an order made by the South Australian Civil and Administrative Tribunal (SACAT) appointing a Guardian to make accommodation, health care and/ or lifestyle decisions on behalf of a person with limited mental capacity (eg because of dementia, intellectual disability, brain damage or being in a coma) who has no-one else to act on their behalf. In these situations, the Tribunal can appoint the Public Advocate as *Guardian of Last Resort*. Further information about Guardianship can be found on the OPA website, Information Sheet No 4 - http://www.opa.sa.gov.au/resources/information_sheets

GUARDIANSHIP ACTIVITY IN 2016-17

Guardianship services are provided in two ways within the OPA. Guardianship clients are either delegated an individual Guardian, or managed via a "team response." This year, 60% of our clients had an individual delegated Guardian and the remaining 40% were managed via a team response. Overall, there has been an increase in service provision across Guardianship services this year, including in the number of new appointments made and hearings attended. The number of matters closed has decreased.

Active cases

On 30 June 2017, OPA had **942** active Guardianship cases, an increase from the previous year.



New appointments

There were **304** new appointments in 2016-2017, an increase over the past three years but less than in the period 2012 to 2014.



Viewed over the longer term, 2012-13 had the highest number of new appointments at any point from 2001, with the lowest numbers being in 2002-03 (106 new appointments) and a steady upward trend from 2005.



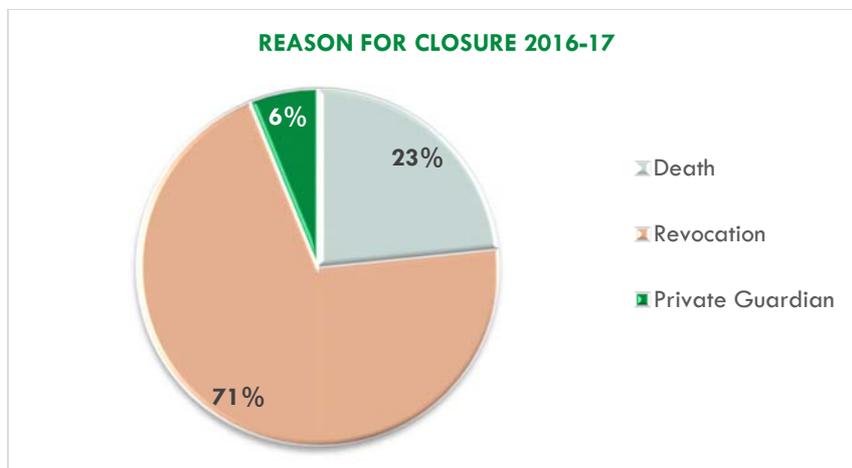
Closures

In 2016-17 a total of **278** Guardianship cases were closed. This represented **22.7%** of 1,219 active cases. Viewed over time, the percentage of cases closed has remained relatively steady for the past four years,

Closures as a percentage of Guardianship cases, 2012-13 to 2016-17					
	2012-13	2013-14	2014-15	2015-16	2016-17
Closures	196	279	247	352	278
Active cases across the year	1,162	1,303	1,247	1,267	1,219
Percentage	16.8%	21.4%	19.8%	27.8%	22.8%

A peak in Guardianship closures can be seen in the 2015/2016 year where OPA had a specific focus on applying to SACAT for the revocation of Guardianship Orders where appropriate. The number of closures has dropped slightly this year.

The majority of cases are closed due to revocation of Guardianship (71%), followed by death (23%), and with the remaining 6% due to substitution with private guardianship. Closure due to revocation is slightly higher than last year, where 64.5% of closures were due to revocations. Revocations are sought by the OPA where it is believed that there is no longer a role for a Guardian in a person’s life.

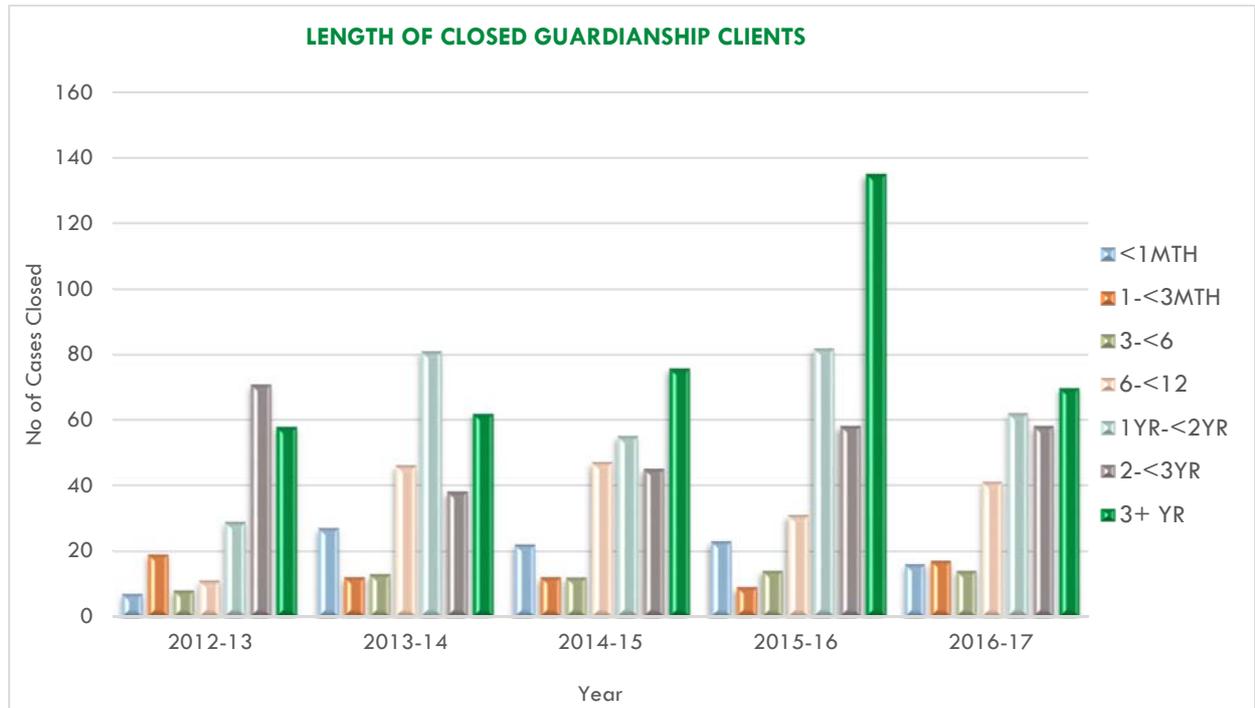


Length of guardianship

The maximum length of a Guardianship Order is three years before it requires review by SACAT. Guardianship Orders can be closed for a range of reasons including revocation, the protected person passing away or the appointment of a private guardian. The graph below shows the length of Guardianship for all closures across the year. Consistent with previous years, most of our closed Guardianship cases were for longer term clients where an order had been in place for 3 or more years. This figure reflects the complexity of the Guardianship matters managed by the OPA where long term involvement is required to oversee a range of decisions across time. The

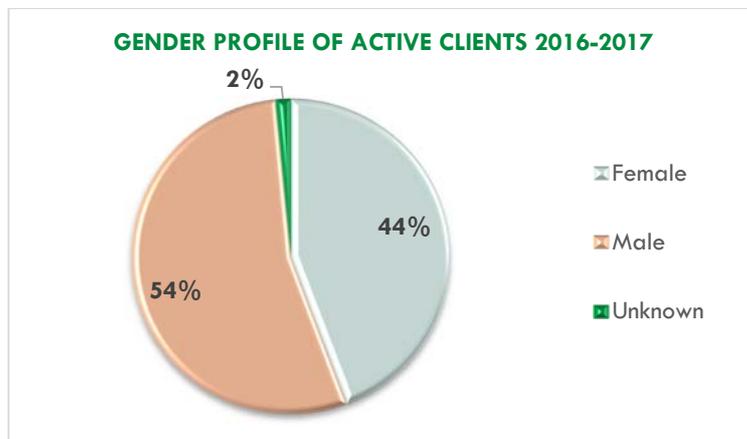
OPA is involved in many more situations where multiple decisions and ongoing work is required, rather than once off or short term decision-making.

As the chart below demonstrates, the trend toward longer orders has been consistent over the past five years.

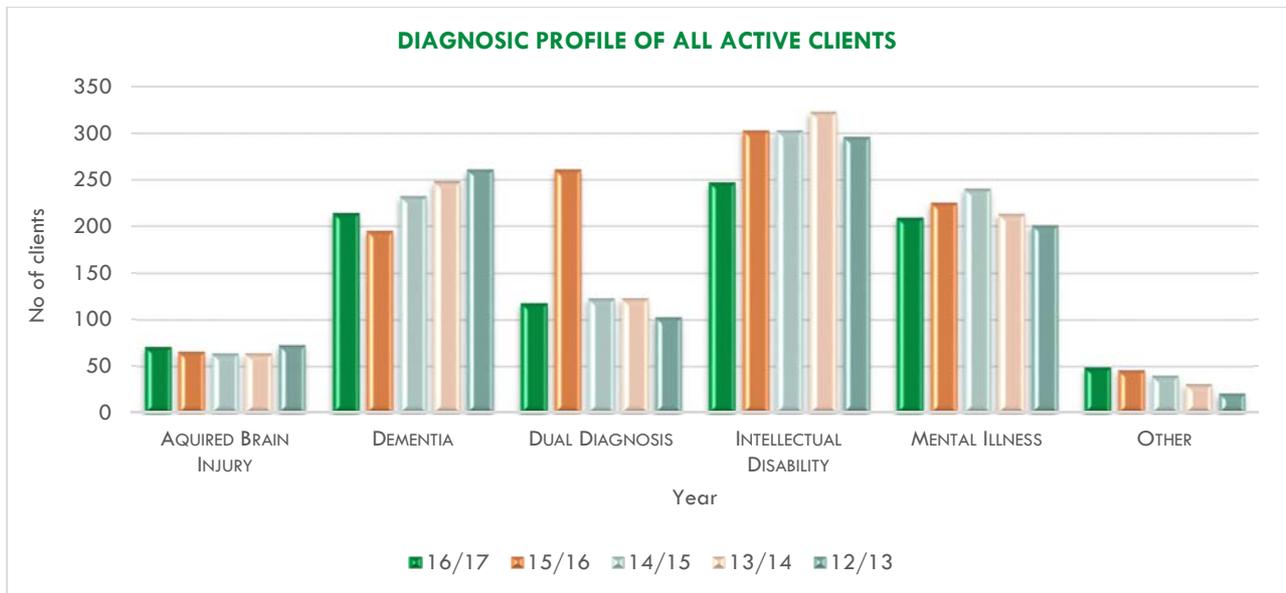


WHO WE ASSISTED

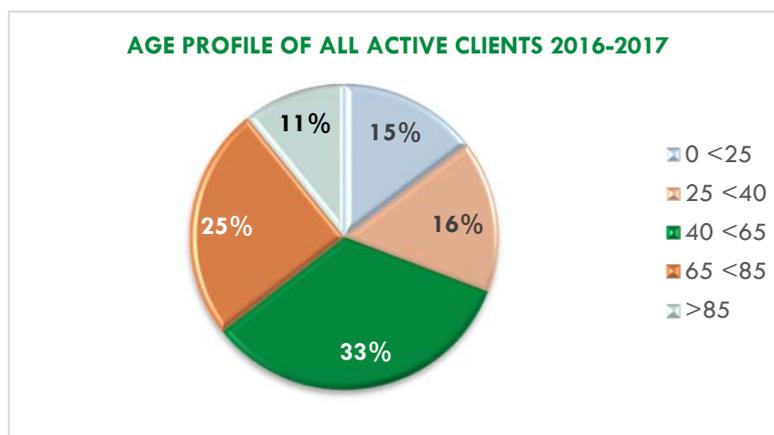
In 2016-17, we supported **942** clients, of whom 54% were male and 44% were female. The gender of the remaining 2% people is not known.



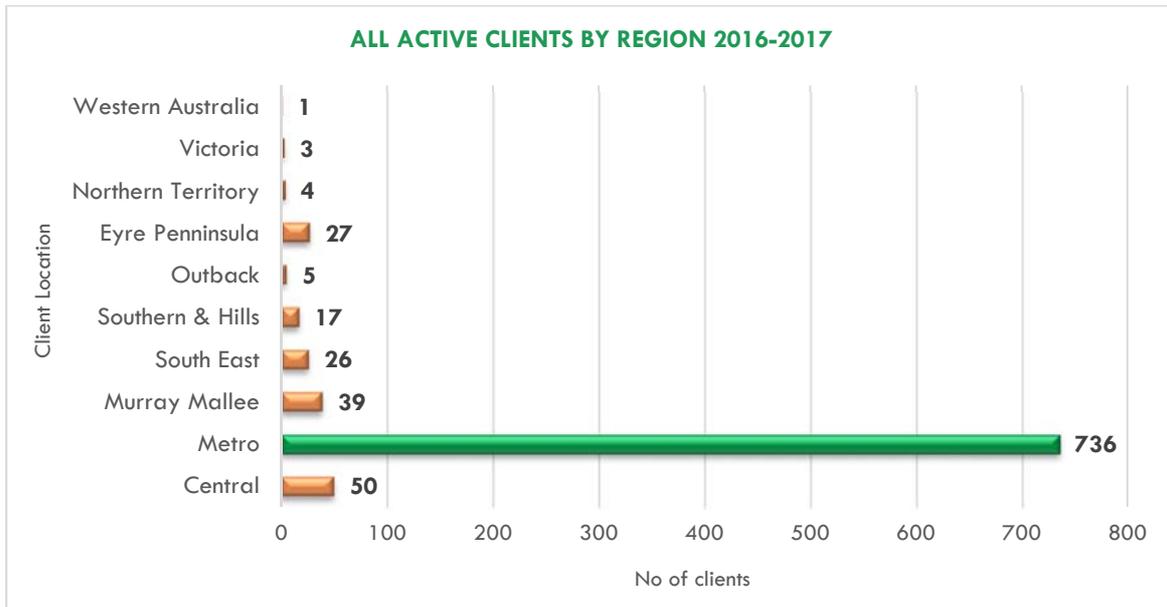
The **diagnostic profile** of our clients has remained consistent in terms of the three highest diagnostic categories being intellectual disability, dementia and mental illness. There has been a decrease in the dual diagnosis category after a spike in 2015/16.



In terms of the **age range** of our clients, people between 40 and 65 years represent a third of our clients, followed by the 65 to 85 age range. This is consistent with last year’s statistics.



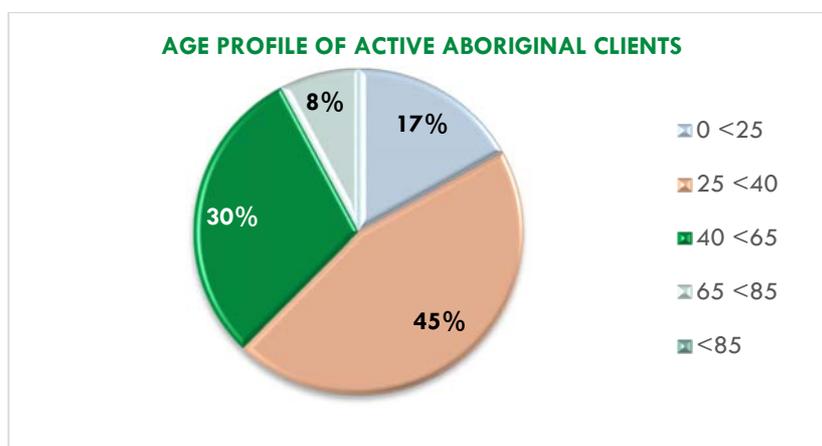
The majority of our clients (81%) live in the metropolitan region, with the next highest number living in Central South Australia (6%), followed by the Murray Mallee (4%), Eyre Peninsula (3%) and the South-East (2%). There are a small number of clients who are located interstate - sometimes clients move interstate but remain under OPA Guardianship for a period of time before their order is reviewed and/or revoked.



Aboriginal Clients

Aboriginal people constitute approximately 2% of the South Australian population, but approximately **8.5%** of people under OPA Adult Guardianship in 2016-17. This statistic represents an over-representation of Aboriginal people as clients, a consistent trend over previous years. Nevertheless, there has been a drop in Aboriginal clients this year. In 2016-17, 77 clients were Aboriginal, compared to 95 in 2015-16.

The age profile of our Aboriginal clients is significantly different from that of all of our clients as a group, with a higher representation of people aged between 25 and 40 (45% of all Aboriginal clients). There is a much lower representation of people aged between 65 and 85 (8% of Aboriginal clients compared with 29% of all clients) and there are no Aboriginal clients above age 85 (compared with 11% in our overall population). This is likely to reflect the reduced life expectancy rates of Aboriginal people.



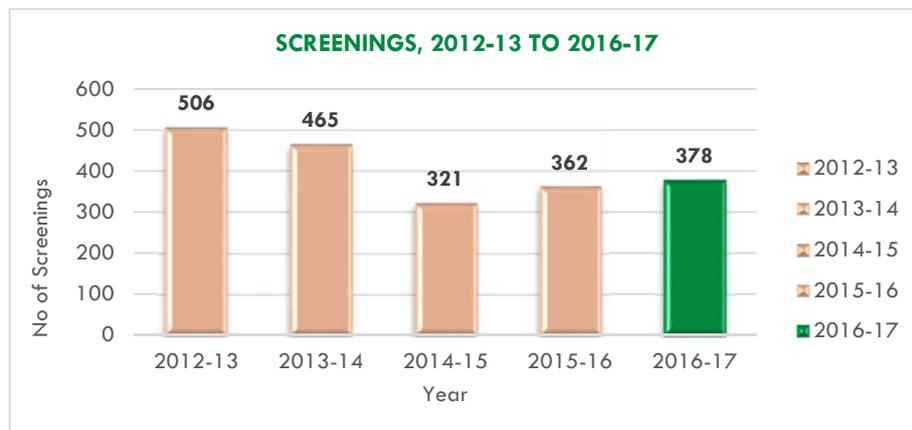
Litigation guardianship

In civil legal matters, if a solicitor is not able to attain consistent instructions from their client due to a mental incapacity, a court may appoint a Litigation Guardian to assist the person to instruct a lawyer. It is noted that the threshold for capacity to instruct a lawyer differs from the mental capacity threshold identified in the *Guardianship & Administration Act 1993*. In assessing capacity, OPA recommends that solicitors refer to the Capacity Guidelines provided by the Law Society.

When appointed by the Court, the Litigation Guardian’s role is to support the client to articulate their instructions. Where this is not possible, a Litigation Guardian may be required to provide substitute instructions on the person’s behalf (although this is rare). The OPA opened two new litigation files during this past financial year.

Attendance at initial hearings

When an applicant to SACAT nominates the Public Advocate as potential guardian for a person, the OPA will receive a copy of the application. An OPA representative attends and participates in the initial hearing (screening). This year, there was a slight increase in the number of screenings attended in comparison to the year before.



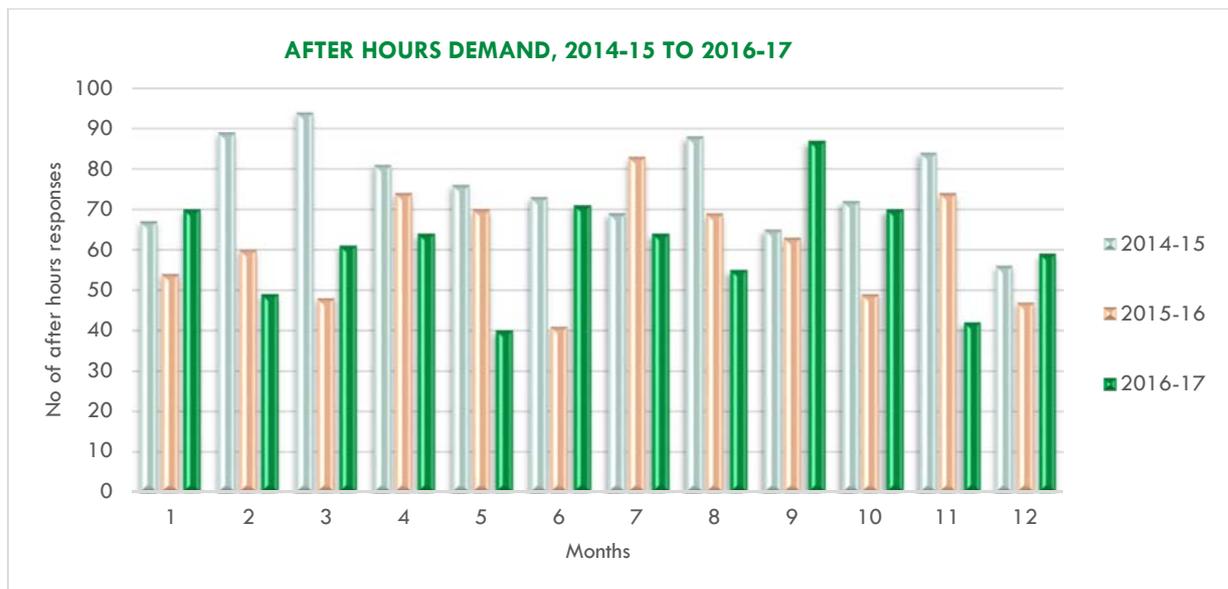
Complaints and decision reviews

Complaints may relate to decisions made in our role as Guardian, communication concerns, or other matters. Complex or potentially contentious decisions are ratified by senior staff before they are implemented to ensure that the decision-making process has been comprehensive, and the decision considered thoroughly.

This year, the OPA responded to five complaints and two Ministerials. This number has dropped significantly from the preceding year. Complaints related to seven clients of the OPA, representing less than 1% of the clients we worked with across the year.

After hours emergency response

An on-call telephone service operates from 5pm to 9am on weekdays and 24 hours a day on weekends and public holidays. This service is staffed by experienced Advocate/Guardians and OPA senior staff. It acts as the emergency response for OPA clients and deals with matters that may require an application to SACAT for emergency orders. SACAT is also available to hear urgent applications outside of working hours. In **2016-17**, the OPA responded to **732** after hours calls, the same total as for the previous year, but with differences evident on a monthly basis.



Legislative warrants

There were no applications for warrants made by the Public Advocate during 2016-17.



INVESTIGATING

What an investigation involves

The Public Advocate can be directed by SACAT to conduct an investigation and provide a written report relevant to an application received by the Tribunal. The aim of the investigation report is to provide a balanced, concise overview of the circumstances of the person associated with the application. Investigation reports are presented at SACAT hearings and considered along with other evidence.

Advocate/Guardians are responsible for investigations which involve interviewing the person who is the subject of the investigation, as well as meeting with and having phone contact with other interested parties. The types of issues OPA investigate include whether or not the sterilisation of a person is appropriate, accommodation matters, access issues, health issues, financial matters and the appropriateness of individuals to act as guardians.

INVESTIGATIONS IN 2016-17

The number of investigations completed during the year was **34**. This figure doubled from last year, reflecting a significant increase in work for Advocate/Guardians in this area.



RESOLVING AND MEDIATING

What role does the Office of the Public Advocate play in dispute resolution?

The Office of the Public Advocate (OPA) is authorised to resolve disputes that are relevant to two Acts:

1. The *Advance Care Directives Act 2013* and
2. The *Consent to Medical Treatment and Palliative Care Act 1995* (Consent Act).

There are two types of circumstances where the Public Advocate will mediate:

- a. If a person has made an Advance Care Directive and there is disagreement about health, accommodation or personal decisions that need to be made for them. This includes people who have made an Enduring Power of Guardianship, a Medical Power of Attorney or an Anticipatory Directive prior to July 1st 2014.
- b. If a person does not have an Advance Care Directive and there is disagreement about health care and/or medical treatment. This includes disputes involving children under 16 years of age.

WHAT IS AN ADVANCE CARE DIRECTIVE?

An **Advance Care Directive** is a legal document that empowers a person over 18 years of age to document their instructions, wishes and preferences for future health care, accommodation and personal matters. It can also be used to appoint one or more substitute decision makers to make decisions on the person's behalf should their decision-making capacity become impaired. Since July 1st 2014, the Advance Care Directive replaces three different documents:

- Enduring Power of Guardianship
- Medical Power of Attorney
- Anticipatory Direction.

Any of these documents made prior to July 1st 2014 continue to be valid and are treated as if they were made under the *Advance Care Directive Act 2013*. See also information on the OPA website -

http://www.opa.sa.gov.au/resources/information_sheets

The Dispute Resolution Service

In order to fulfil its responsibilities in relation to these two Acts, the OPA operates the Dispute Resolution Service (DRS) and employs qualified mediators who have experience in working with vulnerable people and complex conflict situations. DRS has developed a model of dispute resolution and mediation that is *rights-based* and *person-centred* enabling participants who disagree to come together in a collaborative way to discuss the issues in dispute, and develop options to resolve those issues. Of the greatest importance are the rights of the person at the centre of the dispute, ensuring that their voice is heard in the resolution process, especially if they are not able to participate directly – for example, because of impaired decision-making capacity.

DRS staff believe that it is a privilege to work with families, friends and service providers to resolve these disputes, ensuring that the focus is on the values, wishes and views of the person who has made the Advance Care Directive, preserving wherever possible their choice of substitute decision maker, and upholding the directions set out in their Advance Care Directive. The Dispute Resolution Service plays a critical role because resolutions avoid the revocation of the Advance Care Directive and the appointment by SACAT of the Public Advocate as the Guardian.

It is the intention of the *Advance Care Directives Act* and the *Consent to Medical Treatment and Palliative Care Act* that applications for dispute resolution should be resolved by the OPA Dispute Resolution Service, and only proceed to the more formal SACAT process if resolution cannot be achieved. For example, if during a dispute resolution process, OPA becomes aware of abuse or harm to the person, the mediation process is halted and the matter is referred to the SACAT.

In 2016-17, a total of **21** issues were referred to SACAT by the Office of the Public Advocate. As the table below indicates, there were a range of reasons for those referrals including the need for declaration about the validity of documentation; because the case involved elder abuse; parties were unwilling to mediate; directions were sought; there was no Advanced Care Directive in place, or the client wished to revoke their Advanced Care Directive but lacked the capacity to do so.

DISPUTE RESOLUTION IN 2016-17

In its third year of operation, the DRS received a consistent number of applications, with a total of **98** during 2016-17. In many cases, applications made to the Dispute Resolution Service involved conflict between family members in regard to an older person with a significant level of cognitive impairment. Reasons for the applications included:

- Challenges to the validity of an Advance Care Directive, in particular if the person had legal capacity to complete the document and/or had been coerced into signing the document.
- Allegations of abuse of an older person, in particular, neglect of proper care and protection.
- Family members and significant others being denied access to the person.
- Disputes over accommodation decisions – for example, if a person should remain at home or enter long term residential aged care, and if the latter, the location of the aged care facility.
- Family members or significant others being denied information about the person's health, wellbeing and location.
- Disputes over the end-of-life decisions of a person who was palliative.

- Substitute decision makers wanting to renounce their appointment and the person not having decision-making capacity.
- The person who made the Advance Care Directive seeking to revoke the appointment of a substitute decision-maker/s.
- Challenges to the decisions of substitute decision-makers, and disputing whether decisions were made in keeping with the principles of the *Advance Care Directives Act 2013*.

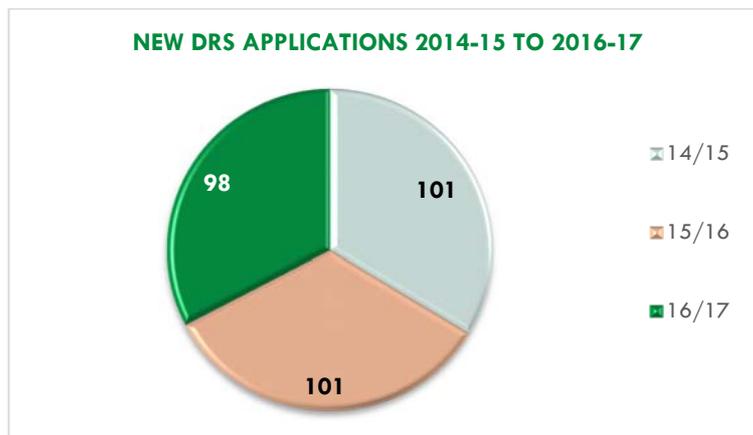
In 2016-17, the Dispute Resolution Service worked with **98** cases, of which **46%** were resolved and **17%** remained ongoing by the end of the year. A breakdown of the case outcomes is outlined in the table below.

NUMBER OF DISPUTES (APPLICATIONS RECEIVED) IN 2016-17	98
Number of disputes resolved by DRS	46
Applications withdrawn	7
• Following advice/preliminary assistance from DRS	3
• Parties not willing to mediate – did not want the matter referred to SACAT	3
• Unable to contact interested parties	1
Client deceased	2
Mediation unsuccessful	2
Validity in question –	1
• Parties did not want the matter referred to SACAT and sought legal advice	
Not within scope of DRS	4
• No Advance Care Directive - parties did not want the matter referred to SACAT	3
• Client has decision making capacity	1
Number of matters referred to SACAT by DRS	19
<i>Reasons for referrals to SACAT</i>	
• Declaration re validity of documents	5
• Elder Abuse	3
• Parties not willing to mediate	3
• SDM wanted to renounce role (client does not have capacity)	3
• Directions sought	1
• Client wants to revoke ACD (does not have capacity)	2
• No Advanced Care Directive in place	1
• Mediation not appropriate (multiple past application made to DRS)	1

NUMBER OF DISPUTES (APPLICATIONS RECEIVED) IN 2016-17	98
Matters ongoing at 30/6/17	17

New applications

The number of new applications received has remained consistent over the past three years, totalling 101 in 2014-15 and 2015-16, and **98** in 2016-17.

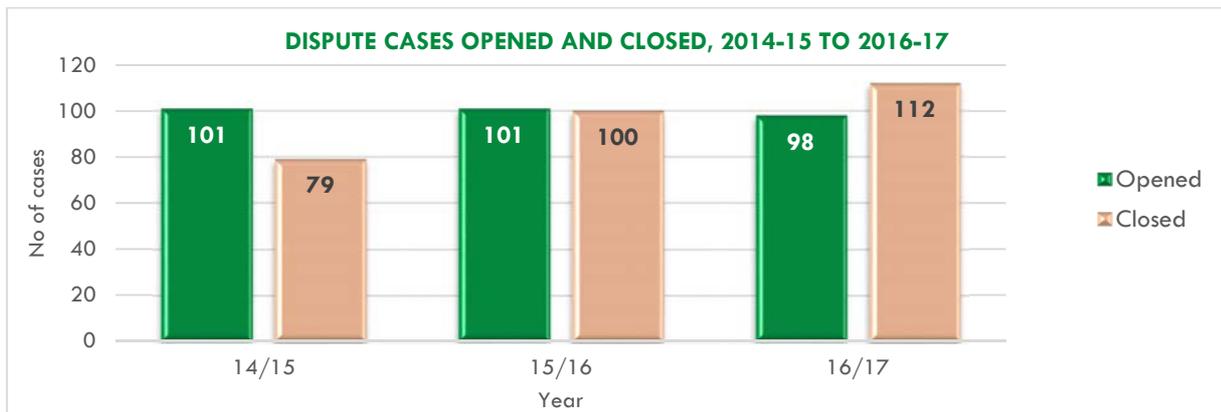


Closures

In 2016-17, a total of **112** dispute cases were closed. The most common reason for closure was resolution of the dispute (59 cases).

REASONS FOR DISPUTE RESOLUTION CLOSURES IN 2016-2017	
Resolved by DRS	59
Closed	34
Referred to Tribunal	19
TOTAL	112

Over the past three years, the ratio of cases opened to cases closed has shifted, with closures only exceeding openings in 2016-17.



The OPA Dispute Resolution Service: Supporting 'Mr Smith'

'Mr Smith' is an eighty year old man, with a diagnosis of dementia, who had been living in his own home until a stroke led to his admission to hospital, where assessment identified that he had lost the capacity to make decisions independently.

Mr Smith had two people who wanted to support him – his daughter 'Penny' with whom he had had only intermittent contact, and his long-term friend 'Cheryl'. Penny was listed as his primary contact person on his health records but Cheryl was the person who had been his most consistent supporter.

Penny was not aware that her father had made an Advance Care Directive until Cheryl provided this to the hospital. The Directive had been in place for several months, and appointed her as Mr Smith's substitute decision-maker. Although Penny was aware of Cheryl's friendship with her father, she was concerned that because the Advance Care Directive had been made after her father's dementia diagnosis, he had not understood what he had signed and the authority he had assigned to Cheryl. Penny also wondered why he had appointed a friend rather than his daughter to the important role of substitute decision-maker.

Unsurprisingly, the tension this caused between Penny and Cheryl significantly impeded communication between them, and the conflict between them had the potential to delay treatment, rehabilitation and discharge options for Mr Smith. The hospital social worker made an application to the Dispute Resolution Service to assist, and to avoid an application to the more formal Tribunal process.

During the mediation, medical evidence was produced establishing that Mr Smith had the required capacity to make the Advance Care Directive and to appoint Cheryl as his substitute decision maker. The mediation process enabled Cheryl and Penny to engage in conversation, and to understand that both were seeking the best outcome for their friend and father. An agreement was made to share information and for both to be involved in discharge planning decisions. The mediation process assisted Penny and Cheryl to collaborate in supporting Mr Smith, while fulfilling the directions and preferences he had specified in his Advance Care Directive.



INFORMING AND EDUCATING

The provision of information and education to community members, health professionals and service providers is an important role of the OPA. Topics covered by our Information and Education Service include key legislation in adult protection, the SACAT application process, information on decision-making capacity, supported decision-making, substitute decision-making and the role of the Dispute Resolution Service and Guardianship Service.

Information is provided in three main ways:

- 1) The OPA website - <http://www.opa.sa.gov.au/>
- 2) The OPA Telephone Information Service
- 3) Face-to-face education sessions.

INFORMING THROUGH THE OPA WEBSITE

The OPA website provides information and a range of useful resources including:

- A total of **29 Information Sheets** covering a variety of topics, including explanations of key legislative Acts, Advance Care Directives, consent procedures, appeals, Guardianship and the role of the OPA.
- Frequently Asked Questions.
- Application forms (eg for Mediation and Dispute Resolution Services).
- The Supported Decision-Making initiative.
- Copies of public presentations made by the Public Advocate and OPA staff.
- Discussion Papers and Submissions.
- Annual Reports.
- Useful links to other relevant organisations.

This year, the OPA has had **29,710** visitors to its website.

THE OPA INFORMATION SERVICE

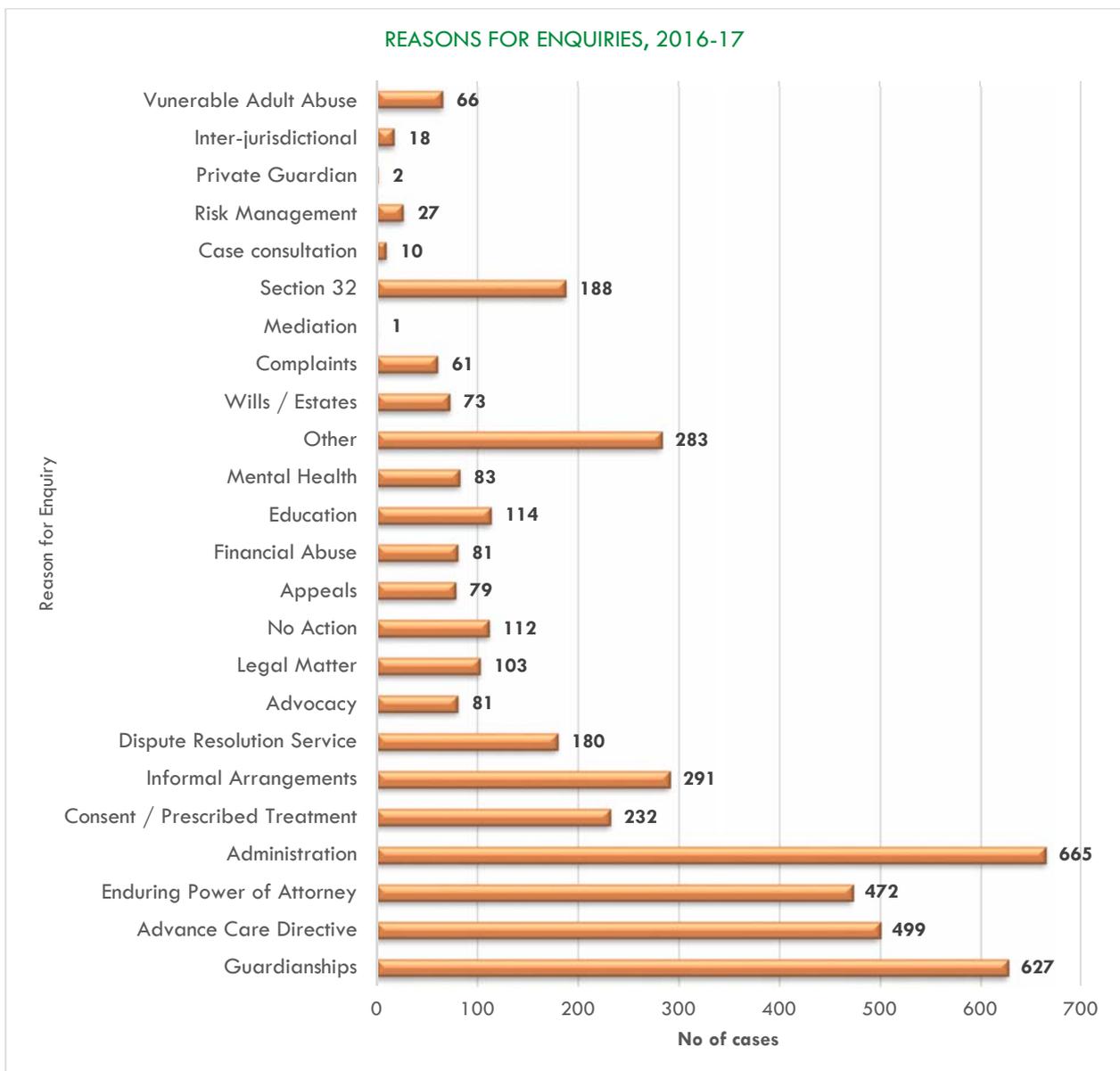
The Information Service can be contacted by phone, letter, email or by visiting the Office and operates during business hours with an emergency telephone service available at other times.

Information and advice is provided on a diverse range of issues affecting people with a cognitive disability or impaired mental capacity, such as, the rights of people with impaired decision-making, care and treatment of people with impaired decision-making, applications to the South Australian Civil and Administrative Tribunal (SACAT) for Administration and Guardianship Orders and Guardianship. If appropriate, the OPA Information

Officer makes referrals to other agencies. Duty Advocate Guardians provide back-up advice regarding more complex matters.

Enquiries

This year there were **3,088** enquiries made to the Information Service during the reporting period, on a wide range of issues. The three most common enquiries concerned Administration matters (665) and Guardianship matters (627) and Advanced Care Directives (499).



OPA EDUCATION SESSIONS

The Office provides information about the *Guardianship and Administration Act 1993*, the *Mental Health Act 2009*, the *Advance Care Directives Act 2013* and the *Consent to Medical Treatment and Palliative Care Act 1995*.

This year, The Office of the Public Advocate delivered **32** education sessions to community groups with **799** individual participants. The number of education sessions was similar to last year, however, there were less participants per session.

A number of the education sessions delivered focused on the *Advance Care Directives Act 2013* and the *Consent to Medical Treatment and Palliative Care Act 1995* for the benefit of staff from local health networks and aged care services. The response to this valuable work has been positive and OPA will continue these sessions for the foreseeable future.



ADVOCATING AND PROMOTING RIGHTS

Advocacy explained

The Office of the Public Advocate undertakes some advocacy on behalf of individuals, but its focus is at the level of systems, for example, health, disability or aged care systems. This role involves drawing attention to issues that affect its target client population, such as, the impact of reforms in the aged care, mental health and disability service systems on vulnerable people or those who lack the capacity to engage with those reforms.

Systems-level advocacy can see the Public Advocate making recommendations Ministers – usually with portfolio responsibilities in health, disability, mental health or aged care.

ADVOCACY AND PROMOTING RIGHTS IN 2016-17

Individual Advocacy

The Office of the Public Advocate provided individual advocacy for clients under Guardianship as well as a small number of individuals who did not have an appointed Guardian. Most of OPA's individual advocacy was undertaken for clients with a delegated Guardian. Key issues about which the OPA advocated included:

- Appropriately resourced accommodation.
- Choice and flexibility in relation to support.
- Access to a range of services including allied health and healthcare.
- Appropriate services for Guardianship clients who are in prison.
- Access to appropriate services in rural and remote areas.

PROMOTING THE RIGHTS OF OLDER PEOPLE AND PREVENTING ELDER ABUSE

During the year, the OPA made a submission to the Australian Law Reform Commission (ALRC) Inquiry into Elder Abuse - '*Protecting the Rights of Older Australians from Abuse*' following the announcement by the Federal Attorney-General, Senator the Hon George Brandis QC on 24th February 2016.

The submission is available at the ALRC's website: <http://www.alrc.gov.au/inquiries/elder-abuse/submissions>.

Key themes of the Office of the Public Advocate submission included:

- The need for a clear and coordinated system for investigation and interagency response to reports of elder abuse/abuse of vulnerable adults, preferably enshrined in legislation.
- Public Advocates could lead the investigation and coordinate responses to reports of elder abuse, provided they were properly resourced, and mechanisms were implemented to preserve the independent advocacy role of the Public Advocate.
- The system for investigation and response to reports of elder abuse should be a “*Support and Assistance*” model of intervention which balances the right to refuse help with the need for protection. Clarity is essential regarding information sharing with the Police and other agencies and processes in response to allegations of a serious crime.
- The provision by the OPA of in-principle support for a national online register of enduring documents (e.g. Enduring Powers of Attorney and Advance Care Directives), with acknowledgement of practical issues - such as, interaction with privacy laws, data security, differences between interstate laws and the need to not add too many complexities to the role of substitute decision-maker.
- The need to provide newly appointed private guardians and administrators with appropriate resources informing them of the scope of their roles and obligations.

CLOSING THE GAPS

The findings of the ALRC Inquiry were released on 15th June 2017 - World Elder Abuse Day. The following day, Professor Rosalind Croucher (then head of the ALRC) spoke about the findings at the South Australian Conference which was hosted by ARAS (Aged Rights Advocacy Service). OPA looks forward to the outcomes of the national Inquiry and government responses in the coming year.

In addition to the national ALRC Inquiry, in October 2016, the South Australian Parliament established the *Joint Committee on Matters relating to Elder Abuse*. The Public Advocate appeared before the Parliamentary Committee on 22nd May 2017 and informed the Committee that the findings and recommendations of the ‘*Closing the Gaps*’ Report developed by the OPA in 2011 remain relevant today. These called for:

- Enactment of comprehensive legislation for the protection of vulnerable adults, supported by a Code of Practice, which would include the following features:
 - clear *definitions* of abuse and vulnerability;
 - adoption of a *human rights based* approach;
 - establishment of an *Adult Protection Unit* within government that is given stepped powers of investigation and intervention and coordinates multi-agency case conferences and responses;
 - a system of *voluntary reporting* of abuse but a *mandatory response system* that is triggered by a report or notification of abuse;

- development of *Information Sharing Guidelines* which agencies and organisations are obliged to apply; and
 - provision for the establishment of *Community Networks for Adult Protection* to promote education and awareness of abuse and the framework for responding to abuse.
- Adoption of a whole-of-government policy for safeguarding vulnerable adults pending legislative reform.
 - Further consultation with the community and key stakeholders about reform proposals.
 - Review of related existing legislation including the *Guardianship and Administration Act 1993* (SA), the *Criminal Law Consolidation Act 1935* (SA) and the *Intervention Orders (Prevention of Abuse) Act 2009* (SA), if legislative reform is pursued.
 - A detailed plan for community education and awareness.
 - Identification of a central body within government with responsibility for leading safeguarding reforms designed to protect vulnerable adults.
 - A State-wide data collection system to collect accurate data about the abuse of older people.
 - Development of a risk assessment model to enable a rights-based, coordinated, interagency response to adult protection concerns.

The OPA made a written submission to the Joint Committee on Matters relating to Elder Abuse on 14th June 2017, highlighting the gaps and limitations in investigating and responding to elder abuse, and referred to the recommendations of *Closing the Gaps*. The submission also emphasised the importance of the following tools and strategies to protect older people, and to empower older people to protect themselves, against abuse:

- advance care planning;
- community education;
- moves toward supported decision-making models for people with cognitive impairments; and
- recognition of the connection between elder abuse and ageism, and the need to address the undervaluing and exclusion of older people from many areas of mainstream society.

The Alliance for the Prevention of Elder Abuse (APEA)

The Alliance for the Prevention of Elder Abuse (APEA) is comprised of representatives of the Office of the Public Advocate, Public Trustee, Aged Rights Advocacy Service, Legal Services Commission and the South Australian Police.

APEA is active in promoting the rights of our older citizens, raising awareness about elder abuse and promoting strategies for the prevention and response to abuse. During this year member agencies have collectively and individually presented at a number of community and professional forums to ensure that this information is distributed as widely as possible.

As discussed in the *Highlights from the Year* section of this report, a key activity was the development of a video (available on the OPA website) where member organisations advise how they can assist older community members if they, or someone they know, is experiencing abuse.

DISABILITY SERVICES

The OPA has worked closely with the Department of Communities and Social Inclusion (DCSI) in developing their *Code of Practice for Eliminating the use of Restrictive Practises in South Australia* which will be a useful tool for Guardians when making decisions in relation to restrictive practices. The policies are consistent with the intent of the United Nations *Convention of the Rights of Persons with Disabilities* which reflects the need to protect the rights, freedoms and inherent dignity of people with disabilities.

The OPA continues to monitor the use of restrictive practises within disability settings, and ensure that appropriate authority - including a current Positive Behavioural Support Plan - is in place. However, it can be difficult to access trained specialist Positive Behavioural specialists to implement a Positive Behaviour Plan, and there are often lengthy wait times.

Advocacy associated with the transition to the NDIS

The NDIS involves substantial change in the way people with disability are supported and the way in which that support is funded (with funding following the consumer rather than the service provider). Implementation of such extensive change brings challenges that are exacerbated for more vulnerable participants, and OPA has a critical role to play in supporting our clients who are transitioning to the NDIS, and ensuring that they do not lose essential services and supports in the process.

To this end, OPA has undertaken a mapping exercise to plan for, and support, the transition to NDIS for our current Guardianship clients. This has involved working closely with DCSI to identify which of our clients in receipt of disability services were transitioning to NDIS, and the timeframe for this. In the process, we have also sought to identify how many people, who are not current OPA clients, may need Guardianship Orders to support their transition to the NDIS.

We have also been participating in NDIS-related interjurisdictional and stakeholder forums which has helped us to track emerging issues, and collaborating with, DCSI, SACAT, the Public Trustee and our interstate counterparts. OPA is working to resolve transitioning issues identified – for example, transition processes and their consistency, and the identification of services that will not be funded.

The OPA has raised concerns about how the NDIS will be able to respond to crisis and after-hours issues. This will be particularly relevant for people with disabilities needing immediate accommodation to ensure that they are not homeless. The following two key outputs were produced by OPA to address the implementation of the NDIS:

- An information sheet titled *OPA, Guardianship Orders and the NDIS* was developed to assist people to understand when Guardianship Orders might be needed for people entering the NDIS, as well as OPA's role in the NDIS process if we are appointed as Guardian of an NDIS consumer.
- We are developing office procedures to assist staff in their decision-making and advocacy roles for Guardianship clients entering the NDIS.

DISABILITY SERVICES: UNMET NEED

The Department for Communities and Social Inclusion releases unmet need data on a monthly basis. As at June 2017, 1,998 people had an unmet need for service provided by Disability Services, a decrease from 2,053 in June 2016. Whilst it is pleasing to see this decrease, the fact that people remain on this list, is of concern. In particular, there are 1,426 people categorised as in Critical Need (homelessness/immediate and high risk of harm to self or others) and 404 people categorised as having an Evident Need (risk of harm to self or others/risk of homelessness). There has been a slight decrease in Critical Need clients from last year and a slight increase in Evident Need clients.

The OPA has established a regular disability forum with key stakeholders to ensure a collaborative response to unmet need. Key areas identified relate to:

- appropriate accommodation for people with disability,
- the need for forensic services that separate disability and mental health;
- waiting lists for allied health services;
- NDIS;
- restrictive practices;
- supported decision-making;
- disability legislation post NDIS.

Accommodation need

There is a significant under-supply of suitable accommodation options, particularly cluster accommodation which is the preferred model for many of our clients with disability, resulting in lengthy waiting lists. Instead, available supply favours the group home model which is not always preferred by clients because it offers little choice about who they live with and limited flexibility concerning how their daily activities are structured. There is a need to provide sufficient supply of accommodation models that support tailoring to individual need and choice.

The current accommodation supply issue can see people under the age of 65 being assessed for aged care accommodation, and in some situations, Guardians accepting these placements as an alternative to prolonged hospital stays.

Separate disability and mental health forensic services

At present, South Australia forensic disability and mental health services are accommodated at the South Australian Forensic Mental Health Service, James Nash House, despite each client group having very different needs and requiring different models of care. This issue was reported on in our 2015-2016 Annual Report and remains an area of unmet need.

Lengthy waiting lists for allied health services

Our clients with disability are experiencing lengthy waiting lists for allied health services (such as, physiotherapy and occupational therapy) and for accessing necessary equipment and assistive technologies.

Addressing unmet need in the disability sector

OPA has identified the following four strategies to address unmet need in the disability sector:

- A **range of accommodation options for disability clients** that support choice and flexibility, including individual and cluster accommodation.
- Properly **resourced and suitably trained positive behaviour specialists** as a key consideration for the transition to the NDIS.
- Appropriately funded services where clients have **flexibility** and a variety of **choice**. These are key principles underpinning NDIS.
- A specialised **forensic disability service** with suitably trained staff and specialist input and increased bed capacity for disability clients.

MENTAL HEALTH

In 2016-17, the OPA worked with the Mental Health Commission to highlight the needs of Guardianship clients living with chronic mental health issues, and in the process, identified the need for a variety of funded suitable accommodation options, and for flexibility and choice of service provider. The OPA has continued to raise concerns at Executive and Ministerial level about the lack of suitable accommodation options for mental health clients. This has included concerns about the Supported Residential Facilities sector (discussed below in *Mental Health: Unmet Need*).

We have also drawn attention to the impact of the loss of funded respite for mental health consumers – for example, the closure of the southern respite service which had been a positive resource for some mental health consumers and provided an alternative to hospital admission.

The OPA is also building links with mental health services to assist with NDIS-related planning, and we are hopeful that the NDIS will bring clients greater choice and control over their support services.

Oakden Older Persons Mental Health Service

During the year, the OPA contributed to the Chief Psychiatrist's Review of the Oakden Older Persons' Mental Health Service. The Chief Psychiatrist's report of the Review was released in April 2017, raising very serious issues about the care and treatment of its clients and making six recommendations that were adopted by the South Australian Government.

Following the announcement that Oakden’s Makk and McLeay wards would close in response to the Review findings, OPA has been involved in overseeing the transfer of Oaken clients under the Public Advocate’s Guardianship to alternative facilities and will continue to advocate for them as they transition to those facilities.

MENTAL HEALTH: UNMET NEED

The OPA has identified a number of areas of unmet need for people living with mental health issues:

- Clients continue to spend long periods of time in acute care settings waiting for appropriate accommodation, and this can be counter-productive to improved mental health outcomes. Although some mental health consumers have access to accommodation options, such as HASP (Housing and Support Package), this level of support is insufficient to meet the needs of many clients with chronic and complex mental health presentations. Similarly, Supported Residential Facilities (SRFs) and boarding houses are not suitable for all mental health consumers.
- A number of challenges are associated with the *Supported Residential Facilities* (SRF) accommodation model. Some SRFs have up to four consumers per room resulting in a lack of privacy and clients feeling unsafe. There are currently no female-specific SRFs, leaving women clients particularly vulnerable. The current oversight of the SRF sector sees significant variation in living standards, and clients have reported poor heating and cooling, lack of suitably trained staff, and variable living environments.
- There is also variation in response rates of Mental Health Services across regions, making ongoing service provision difficult to access at times. This can be even more challenging for clients living with dual disabilities (such as, mental illness and intellectual disability) as it can be difficult to isolate the causes of their presenting symptoms.
- Consumers want to maintain their level of independence, but many are challenged by the restricted availability of support services.

Addressing unmet need in the mental health sector

OPA has identified four priority actions to address these gaps in support for people living with mental health issues:

- Development of a **broad range of accommodation options** that includes access to independent living accompanied by 24 hour support.
- Consumer-led increased **choice of service provider**.
- The development of strategies to **enhance mainstream services’ awareness** of the issues faced by people with mental health needs, and the provision of support enabling them to access their services.
- Enhanced **collaboration between disability and mental health services** to ensure that clients do not slip between the boundaries of these two sectors and become excluded from a particular service.

AGED CARE: UNMET NEED ARISING FROM AGED CARE REFORMS

Reform in the aged care system has been occurring since the implementation of the *Living Longer, Living Better* (2012) initiative. A key feature of this reform has been to give consumers greater choice and control over the services they receive, including who will provide them. From February 2017, funding was redirected from aged care service organisations and now follows the consumer who must make a range of decisions about how to spend their assessed allocation. The ability to engage with this reformed system varies from one consumer to another, and presents particular challenges for those with limited mental capacity, especially if they do not have others to advocate on their behalf in negotiating with the service system.

The reforms also include changes to the funding of residential care, with consumers now being required to contribute to the cost of their care – subject to capacity to pay. Accommodation costs can be paid through a lump sum Refundable Accommodation Deposit (RAD), or a periodic Daily Accommodation Payment (DAP), or a combination of both. The choices made about which payment type depend on individual personal and financial circumstances.

In 2016, the OPA worked with consumers and their supporters in relation to these issues associated with the reformed aged care system:

1. Changes affecting the provision of Home Care Packages are numerous. They include delayed supply or insufficient supply to meet demand, an unclear and challenging process for accessing new Packages (especially for those not familiar with the Aged Care system), insufficient transparency about Package allocation, and a perception that the system does not take into account urgent needs, forcing people to enter residential care prematurely.

Consumers have expressed concern that accepting residential respite care services (which is limited by legislation to a maximum of 63 days), will see them entering long term residential care while awaiting a Package, having their name removed from a “national priority queue”, and losing the opportunity to return to living at home.

Information on Package allocation relies on written notification, and is at risk of being lost, or not picked up, when the consumer is living with cognitive impairment, and with no informal support network.

2. The My Aged Care portal is the gateway to accessing services and involves an electronic portal and a telephone Call Centre. Widespread complaints are being made about the lack of user-friendliness of this system and its requirement for a level of technological ability.
3. The aged care system does not recognise the role of a Guardian as a substitute decision maker, creating a time-consuming system when the OPA tries to liaise with service providers and assessment teams.
4. OPA staff report that people who are able to pay a Residential Accommodation Deposit in full tend to secure a residential care place more easily than people who are concessional or unable to secure the full amount within a short period of time.
5. Vulnerable consumers are at even greater risk than other older people of being forced to undergo multiple assessments, particularly when their needs intensify.

PUBLIC ADVOCATE MEETINGS WITH MINISTERS AND OTHER MEMBERS OF PARLIAMENT

As the table below indicates, the Public Advocate has raised a range of issues with Ministers and other Members of Parliament during the past year.

Meetings were held with the following Ministers and Members of Parliament:

- Hon John Rau, Attorney-General
- Hon Leesa Vlahos, Minister for Disabilities, Minister for Mental Health and Substance Abuse
- Hon Zoe Bettison, Minister for Social Housing, Minister for Ageing
- Hon Kelly Vincent, MLC, Dignity Party
- Hon Vickie Chapman MP, Shadow Attorney-General
- Hon Stephen Wade, MLC, Shadow Minister for Health and Ageing.

During these meetings, the Public Advocate raised and discussed a range of major issues, in particular:

- Advance Care Directives and the need for community education on these;
- Elder abuse;
- The My Aged Care portal and the challenges it raises for many older people;
- Services for older vulnerable people and national reforms in aged and disability care;
- The Oakden Older Persons' Mental Health Service;
- Inpatient Rehabilitation Services and the need for discharge with appropriate accommodation and support;
- Legislation - *Public Sector (Data Sharing) Bill 2016* and *Criminal Law Consolidation (Mental Impairment) Amendment Bill 2016*;
- The *Disability Services Act 1993*;
- The South Australian Disability Justice Plan;
- The National Disability Insurance Scheme (NDIS);
- The Mental Health Commission and Mental Health Plan;
- Supported decision making and goals of care;
- Forensic patient services for people with disabilities and people with mental health needs; and
- Client advocacy.



INNOVATING

THE SUPPORTED DECISION-MAKING PROJECT

What is supported decision-making?

Supported Decision Making helps people who may not be able to make decisions independently – for example, because of brain injury, stroke, intellectual disability or a neurological condition that limits decision-making ability.

The *United Nations Convention on the Rights of Persons with Disabilities* expects that people should make their own decisions wherever possible, and that if they need help, they should get the support needed to make decisions – rather than appointing another person to make decisions for them.

In 2016 the OPA received a Law Foundation Grant to identify opportunities, barriers and best practice for implementing supported decision-making in guardianship practice in South Australia, and to make recommendations for legislative and practice reform to enable supported decision-making for adults with mental incapacity living in South Australia. The Supported Decision-Making Project was entitled '*Implementing Supported Decision Making for Adults Under Guardianship in South Australia*'.

The research was motivated by national and international legal reforms which are driving a paradigm shift within guardianship practices to promote legal autonomy. Article 12 of the *United Nations Convention on the Rights of Persons with Disabilities* states that persons with a disability should enjoy equal rights with all citizens and that state parties shall take appropriate measures to provide access to support to exercise legal capacity. Australia became a signatory to this Convention in 2008. The *Australian Law Reform Commission (ALRC, 2014)* states that legal reform and increased clarity in the area of supported decision making are necessary.

Providing suitable support for individuals to exercise legal capacity within this new paradigm is frequently referred to as 'supported decision-making'. The reform in decision-making refers to a range of support models- for example, supportive decision-making, shared decision-making, co-decision making and delegated decision-making.

With the introduction of the *Advance Care Directives Act 2013 (SA)*, the South Australian definition of capacity is now decision and context specific. The principles of this Act state that a person must be supported for as long as possible to make their own decisions.

The key **outcomes** sought from this Project were to:

- Identify opportunities, barriers and best practice for implementing supported decision-making in guardianship practice in South Australia.
- Examine how the practice of adult guardianship in South Australia reflects will and preferences in decision-making, accounting for the legislative principles that recognise the importance of a person's expressed wish.
- Make recommendations for legislative and practice reform to enable supported decision-making for adults with mental incapacity in South Australia.

The research examined the extent to which supported decision-making is reflected in South Australian guardianship decisions. Qualitative and quantitative research was undertaken as part of the Project to examine the extent to which OPA guardianship decisions accord with the supported decision-making principles set out in the *Advance Care Directives Act, 2013*, and to explore what is meant by supported decision-making within the OPA, and how and when it occurs in guardianship decision making in South Australia. This Project also involved a review of South Australian, national and international literature and a review of legislation related to Guardianship and Supported Decision Making.

Addressing unmet need in supported decision-making

The **recommendations** of the Project were:

1. Assess and evaluate the method of documenting decisions on the Office of the Public Advocate's Felix data base to improve the way in which decisions are recorded. For example, provide clear statements of reasons for decisions, and find a coherent way to incorporate emails and text messages.
2. Re-evaluate the three categories (supported, collaborative or substitute decision-making) used for assessing the decisions retrospectively.
3. Discuss the possibility of changing the language and terminology in the *Guardianship and Administration Act 1993* to reflect the changing decision-making paradigm and the international and national developments in law reform. OPA staff and members of the SACAT tribunal should be central to these discussions.
4. Provide ongoing training for all guardians about the changing culture, language and the lack of conceptual clarity around supported and substitute decision-making, including the necessary documentation. This would include induction programs for all new Guardians.
5. Provide education programs for service providers and health professionals who interact with adults under Guardianship so they also understand this changing decision-making culture.
6. Guardians should be involved in ensuring that clients' wishes for their end of life are documented where possible, and that a 7-Step Pathway Resuscitation Plan is completed.
7. Further research and policy development is needed on the changing decision-making paradigm.
8. The role of OPA would be strengthened if a dedicated policy role existed to focus on research, policy and education, and to implement these recommendations.

These recommendations may form the basis of further research in this area and will also lead to practice reform within the Office of the Public Advocate.

The Private Guardian's Project

The OPA has undertaken a project to enhance educational and information resources for guardians in the community, and people under guardianship. This was designed to produce information that is accessible to a broad audience and emphasises the rights of people under guardianship.

A Private Guardian's Manual has been produced and provides a comprehensive resource for private guardians on matters such as the principles that they are required to follow in their role, how to make decisions in compliance with those principles, making decisions which uphold the rights of people under guardianship, supported decision-making, and decisions that can be made informally without a Guardianship Order.

The Office has converted three of its Information Sheets (Information about Guardianship, Informal Arrangements and Consent to Medical and Dental Treatment) to Easy Read format to increase accessibility for people with cognitive impairments, and people who are subject to a Guardianship Order.

The Manual and information sheets will be ready for release early in the 2017-18 financial year.

Reporting

Improvements have been made in OPA's reporting to identify trends and forecasting, in order to better capture the needs of clients and areas of unmet need. This enhances the Public Advocate's capacity to undertake systemic advocacy with Ministers and the State government.

During the year, OPA collected data about people living in a range of settings including:

- Inpatient rehabilitation services
- Supported residential facilities
- Hospitals
- Oakden Older Persons' Mental Health Service
- Prisons and
- James Nash House.

OPA undertook this work to monitor the time spent in facilities and services; the need for advocacy to ensure human rights are being met; the need for other services to support discharge planning with appropriate housing and support packages; and to identify improvements to service systems and responses to individuals' needs.

OPA also identified business improvement opportunities to streamline data entry and reporting. A number of improvements were made to reduce duplication in data entry and to document business processes. This has assisted OPA to improve practice and processes that ultimately benefit clients through improved response times.

Technology to support mobile service provision

OPA provides a statewide service, but because we are based in Adelaide, our staff are required to travel. Staff also attend SACAT hearings on a regular basis, and at present may need to take paper files with them.

During 2016-17, OPA planned for the purchase in 2017-18 of new technology that will support staff when travelling to visit clients and to attend SACAT hearings, enabling them to access files and record outcomes of

meetings and hearings at the point of service. This will include the option for video conferencing with clients and service providers to make access to services easier and timely.

Goals of Care initiative

The *Advance Care Directive Act 2013* enables people with legal and decision-making capacity to document their future wishes. It is recognised that people with impaired decision-making face significant challenges in preparing an Advance Care Directive and usually require assistance in order to document directions about their future. This can involve families, carers and others in a person's life who know them well.

Currently, there is not an agreed document, like the Advance Care Directive, available for people with impaired decision-making. There are, however, a number of different forms that service providers use to record the wishes of people with impaired decision-making capacity.

The **Goals of Care** pilot initiative enables people with impaired decision-making to document their future wishes. The document is not in a legal form, as is an Advance Care Directive, but it can record what a person wishes for their future.

During 2016-17, planning was undertaken to implement this pilot. OPA has worked with Advocates to trial a form for people with mental incapacity to document their future wishes regarding care, including end of life wishes. The goal is to develop a consistent and standard form for people with mental incapacity to document their wishes as far as possible.

The Project is being led by the OPA, together with Disability Services SA and former leaders of the *Advance Care Directive Act 2013* - Margaret Brown, Adjunct Research Fellow, Hawke Institute, University of South Australia, and Martyn Evans, former Minister for Health, SA Government. Further work will occur in 2017-18.

AUSTRALIAN GUARDIANSHIP AND ADMINISTRATION COUNCIL (AGAC)

The Australian Guardianship and Administration Council (AGAC) is an inter-jurisdictional group comprised of the Public Guardians, Public Advocates, the heads of Boards and Tribunals who deliberate on Guardianship and Administration legislation, and the State Trustees or Public Trustees. In total, AGAC represents twenty-five organisations from all States and Territories in Australia.

During the year AGAC met twice, once by teleconference in November, followed by a meeting in Hobart on 24th March 2017. Key topics included:

- Outcomes of the national conference held in October 2016 "*Reflecting Will and Preferences in Decision Making*" (see below) and planning for the next conference in 2018-19.
- The Yokohama Declaration.
- The National Disability Insurance Scheme.
- My Aged Care reforms.
- the Australian Law Reform Commission Elder Abuse Inquiry.
- the Elder Abuse Prevalence Study by the Australian Institute of Family Studies.
- Personal Planning - Presentation from the Nidus Planning Resource Centre and Registry, Vancouver.

AGAC National Conference



OPA staff at AGAC Conference on "Reflecting Will and Preference in Decision Making."

AGAC holds a national conference every two years, and in October 2016 the conference was held in Sydney with a focus on *Reflecting Will and Preference in Decision Making*.

The main emphasis of the conference was on how to reduce the need for guardianship and how to implement supported decision-making for people with impaired capacity. The AGAC conference was attended by five OPA staff.

OPA Public Advocate and staff member Amy Martin presented at the conference on the *Supported Decision-Making Project* research project undertaken by the Office and funded by the Law Foundation of South Australia - *Implementing Supported Decision Making for Adults Under Guardianship in South Australia*. (Discussed in *The Supported Decision-Making Project* section of this Report.)

GLOSSARY OF TERMS

AGAC	Australian Guardianship and Administration Council
ALRC	Australian Law Reform Commission
APEA	Alliance for the Prevention of Elder Abuse
DCSI	Department of Communities and Social Inclusion
DRS	Dispute Resolution Service
MAC	My Aged Care
NDIS	National Disability Insurance Scheme
OPA	Office of the Public Advocate
SACAT	South Australian Civil and Administrative Tribunal
SRF	Supported Residential Facility